## INDEPENDENT ADOPTION PLACEMENT AGREEMENT

**Note to placing parent:** This form will become a permanent and irrevocable consent to adoption. Do not sign this form unless you want the adopting parents named below to adopt your child.

PLA	CING PARENT SECTION:					
I, the	e undersigned, being the parent of		LL NAME OF CHILD		a male/female child	
	onat	FU	BIRTH		, place said child	
			for the purpose of i			
that I may revoke this Independent Adoption Placement Agreement only during the ninety (90) day period beginning on the date I sign this agreement and only if I have not waived my right to revoke the agreement. If I take no further action, this agreement shall become a permanent and irrevocable consent to the adoption on the 91st day after I sign it. I further understand that with the signing of the order of adoption by the court I shall give up all my rights of custody, services, and earnings of said child and I may not reclaim said child.						
	advised of my rights in the independent ado ttached Statement of Understanding which I			These rights	are summarized on	
The	person or persons named above have my per	rmission to care for th	is child in his/her/their home.			
anes	person or persons named above have my per thesia, which may be deemed necessary or agreement is signed.					
I und	erstand that if this child is found to be subjec	t to the Indian Child V	Velfare Act, this placement ag	reement will not b	e valid.	
l ha	ve decided to place my child for adoptic gly.	n with the person	or persons named above,	and I am signii	ng this freely and	
SIGNAT	URE OF MOTHER	DATE SIGNED	SIGNATURE OF FATHER		DATE SIGNED	
ADC	PTING PARENT SECTION:				<u> </u>	
I, the	above adopting parent, accept the placemer	nt of				
by	byinto my home with the intent of adop					
,	PLACING P	ARENT(S)		-	•	
	ee to file a petition to adopt this child with the son ten working days after signing this agreement			County, the co	unty where I reside,	
I agr state pare	ee that if, during the time period specified ment revoking the consent and requesting that(s).	above, the placing pat the child be returne	parent signs and delivers to the ded, I shall immediately return the	the investigating he child to the cu	adoption agency a stody of the placing	
I agr	ee that until the adoption is granted by the co	urt:				
A.	I shall place the child under the care of a licensed physician and follow his or her recommendations for health care for the child, including immunization.					
В.	I shall not take the child from the county named above for a period of more than 30 days without the approval of the court. I understand that the court may issue an order which prevents me from taking the child out of the county at all.					
C.	I shall not conceal the child from the placing parent, the investigating adoption agency, or the court.					
D.	I shall inform the agency of changes in my family or place of residence.					
E.	I shall assume responsibility for board, lodging, maintenance, medical care, and any other care for the child, and for any damages resulting therefrom.					
I und	erstand that if this child is found to be subjec	t to the Indian Child V	Velfare Act, this placement ag	reement will not b	e valid.	
I have been informed of the basic health and social history of the birth parents.						
SIGNAT	URE OF ADOPTING MOTHER	DATE SIGNED	SIGNATURE OF ADOPTING FATHER		DATE SIGNED	

ADO	PTION SERVICE PROVIDER SECTION:					
I hav	e advised the placing parent(s) as required by Family Code Section 8801.5.					
	ne advisement occurred at least ten days before the signing of this agreement. or					
	Due to the following exigent circumstances, the advisement occurred fewer than ten days before the signing of this agreement:					
	d on the residence of the adopting parent(s), the name, address, and telephone number of the adoption agency which will investigate proposed independent adoption is:					
Ι,	, have witnessed the signing of this Independent Adoption Placement Agreemen					
by	On					
and	on a					
una_	ADOPTING PARENT(S)  DATE					
	CITY AND STATE WHERE SIGNED					
I am:						
	A representative of, a California licensed private adoption agency.					
[	An individual California adoption service provider.					
[	A representative of, an adoption agency					
	licensed or otherwise approved under the laws of the state of, the state where the adoption placement agreement is being signed.					
[	An individual licensed or otherwise certified as a clinical social worker under the laws ofthe state where the adoption placement agreement is being signed.					
	Independent counsel for the placing parent.					
On t	his day of before me,, a Notary Public or person authorized to perform					
notar	rial acts for the State of, County of, personally appearedknown to me					
	the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same.					
IN W	ITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this Day of,(YEAR)					
(Affix	Notarial Seal)					
	NOTARY PUBLIC IN AND OR SAID COUNTY AND STATE					
*(NO	My commission expires TARIZE ONLY WHEN SIGNED OUTSIDE STATE OF CALIFORNIA)					
SIGNAT	URE OF AGENCY REPRESENTATIVE OR INDIVIDUAL ADOPTION SERVICE PROVIDER DATE					